# STATE OF MARYLAND—CERTIFICATE OF DEATH

06961

(131)

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Malachi Adams If U. S. Veteran, specify WAR no

(a) Residence: No. 410 Hoag Lleth. St., Ward.

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS OF

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Susan J. Phillips

6. DATE OF BIRTH (month, day, and year) 10-26-1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 64 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Fishing Creek (State or country) Md

FATHER

13. NAME Alonza Adams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A Aaron

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Klassie Adams (Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Harpers Island Date July 8th, 1939

19. UNDERTAKER G. S. Le Compte (Address) Cambridge, Md

20. FILED 7-8, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct. 31, 1937, to July 6, 1939

I last saw him alive on May, 1939; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | Oct. 31, 1937 |
| Cerebral apoplexy + ~~[illegible]~~ (terminal) relapse | May 1, 1939 |

Other Contributory Causes of importance: Hypertensive cardio-vascular renal disease

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wylie M Law M. D.

(Address) Cambridge Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(M) (I) (T)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06962

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

(210-rm)

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County: Dorchester

City or town: ✓ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days): + hos

Stay in this community (yrs., or mos., or days): 15 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 431 Willis (If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

**3. (a) FULL NAME:** Thomas Guy Banning

**3. (b) Social Security Number**

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Victoria Sellers

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): 5-3-1901

**8. AGE:** Years: 38 Months: 2 Days: 13 If less than one day: hrs. min.

9. Birthplace: Dorchester Co — (Town, county, and state)

10. Usual occupation: House Carpenter

11. Industry or business: ✓

FATHER

12. Name: Wm Thos Banning

13. Birthplace: Dorchester Co Md

MOTHER

14. Maiden name: Bernice Callison

15. Birthplace: Dorchester Co Md

16. Informant: Wm Thos Banning

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 18, 1939 (month) (day) (year)

Cemetery or crematory: Dar Mem. Park

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 7-17 1939 (Date rec'd by registrar) John Mace Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1939, at 4:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw h alive on 19

Immediate cause of death: Depressed fracture right side of skull + hemorrhage in brain

Due to: Automobile accident

Due to:

Other conditions: Fracture of right ribs, right humerus + thigh (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: July 16/39

Where did injury occur? near Vienna (City or town) — Dor. (County) L Md (State)

Injured at home, farm, industry, public place (where?): on state road

Means of injury: Auto-accident Injured at work?

23. SIGNATURE: Jos. K. Shriver Dep. Med Ex. M. D. or other

Address: Cambridge Md Date signed: July 17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (55-d) (41) Reg. Dist. No. 110

06963

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Dorchester

(b) City or town Near Williamsburg
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30 days

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State North Carolina (b) County

(c) City or town Vienna
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Rebecca Cherry

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1896

8. AGE: Years 42 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Vienna, North Carolina
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name Fitzhugh Cherry

FATHER 13. Birthplace North Carolina

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant Mary Wyche

(b) Address Hurlock, Maryland R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Federalsburg Cemetery

Location Federalsburg, Maryland

18 (a) Funeral director J. L. Trumpton & Son

(b) Address Federalsburg Maryland

19 (a) July 31-1939 (Date rec'd by registrar) (b) C. W. Hastings Registrar

### MEDICAL CERTIFICATION

20. Date of death July 25 1939, at 9:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1939, to 7/25 1939, and that I last saw him alive on 7/25 1939.

| | Duration |
|---|---|
| Immediate cause of death Probable Brain Tumor | |
| Disgnosis not conclusive. Coroner | |
| Due to (saw her only once before | |
| Due to death) no cause obtainable | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** G. Roger Myers M.D. or other

Address Hurlock Md Date signed 7/29/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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06964

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Carrie Diliver If U. S. Veteran, specify WAR

(a) Residence: No. 14 A Cross St St., Ward.

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Diliver

6. DATE OF BIRTH (month, day, and year) March 17 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Gen House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Parksley (State or country) Va

FATHER

13. NAME Ren White

14. BIRTHPLACE (city or town) Parksley (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Joseph Diliver (Address) 14 A Cross St

18. BURIAL, CREMATION, OR REMOVAL Place Waugh Cem. Camb Date 7-11, 1939

19. UNDERTAKER Lewis L. Henry (Address) Cambridge, Md.

20. FILED 7-11, 1939 John Peace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to July 8, 1939

I last saw her alive on July 8, 1939; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | 1936 |
| Hypertension | 1937 |
| Auricular Fibrillation | 3-20-39 |

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Carroll M St Clair M. D.

(Address) Pine & Cedar Sts

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

Arrived Colon 1936 Aug 12

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 110

06965

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Dorchester

(b) City or town Near Hurlock (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 71 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Dorchester

(c) City or town Hurlock - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Bobtown (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jane Dotson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Edward Dotson

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 4, 1868

8. AGE: Years 71 | Months 3 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Rebecca Smith

15. Birthplace Dorchester County, Maryland

16 (a) Informant Mary Camper

(b) Address Hurlock, Maryland R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1939 (month) (day) (year)

(c) Cemetery or crematory Washington Cemetery

Location Near Hurlock, Maryland

18 (a) Funeral director J. J. Frampton & Son

(b) Address Federalsburg, Maryland

19 (a) July 3-39 (Date rec'd by registrar) (b) Chas W Hoskins Registrar

### MEDICAL CERTIFICATION

20. Date of death July 1 1939, at 8:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1939, to July 1st 1939 and that I last saw him alive on July 1st 1939.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G Roger Myers (M. D. or other)

Address Hurlock Md Date signed 7/3/39

Dr. Myers

(M)

(I)

(T)

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06966

(23)

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State St. Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? 36 yrs. unknown ds.

**2. FULL NAME** Eva Douglas If U. S. Veteran, specify WAR ____

(a) Residence: No. Church Creek, Dorchester St. Co ~~Ward.~~ Maryland

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Douglas

6. DATE OF BIRTH (month, day, and year): June 1865

7. AGE: Years 54 | Months 1 | Days unknown | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): Oct. 1930

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Ontario, Canada

FATHER

13. NAME: George Seabrook

14. BIRTHPLACE (city or town) (State or country): Ontario, Canada

MOTHER

15. MAIDEN NAME: Matilda Derby

16. BIRTHPLACE (city or town) (State or country): Ontario, Canada

17. INFORMANT (Address): Hospital Records Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge Md. Date: July 28, 1939

19. UNDERTAKER (Address): Frank E. Altamp Cambridge, Md.

20. FILED: 7-28, 1939 John Meace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to July 27, 1939

I last saw her alive on July 27, 1939; death is said to have occurred on the date stated above, at 3.05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| - Bronchi pneumonia | July 26 |

Other Contributory Causes of importance:

| | |
|---|---|
| - Pulmonary Tuberculosis (healed) | unknown |
| - Involutional Melancholia | 1937 |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED
AUG 4 1933
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06967

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH**

County Dorchester. Registration Dist. No. 116

Village or City Cambridge No. Virginia St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Still born Drake. If U. S. Veteran, specify WAR ...

(a) Residence: No. Virginia St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Stillborn |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yeer) July 8, 1939.

| 7. AGE Yeers | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupetion (month and year) ... 11. Total time (yeers) spent in this occupation ...

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME Denver H. Drake.

14. BIRTHPLACE (city or town) West Virginia (Stete or country)

MOTHER

15. MAIDEN NAME Alice Winnie Koehn.

16. BIRTHPLACE (city or town) Oklahoma (State or country)

17. INFORMANT Alice Winnie Koehn (Address) Cambridge, Md.

18. BURIAL, CREMATIDN, OR REMDVAL Place Cambridge, Md. Date July 8, 1939

19. UNDERTAKER Faber - Denver H. Drake (Address) Cambridge, Md.

20. FILED 7-8, 1939 Zeka Meade Y. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939, to July 8, 1939

I last saw h... alive on ..., 19...; death is said to have occurred on the dete stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (4½ mo fetus) | |

Dther **Contributory Causes** of importance:

Name of operation ... Dete of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ...

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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AUG 4 1929
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

06968

# CERTIFICATE OF DEATH

Reg. Dist. No.

**1. PLACE OF DEATH:**

County Dorchester

City or town Crapal

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Crapo Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Katie Ennels

**3. (b) Social Security Number**

4. Sex Fame

5. Color or race Colard

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Fred Ennels

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) unknown

**8. AGE:** Years 54 Months Days If less than one day ___ hrs. ___ min.

9. Birthplace Bushe Head (Town, county, and state)

10. Usual occupation House work

11. Industry or business —

FATHER

12. Name Lewis Paterson

13. Birthplace ~~[illegible]~~ V. A

MOTHER

14. Maiden name Donnt know

15. Birthplace Donnt know

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 4 - 1939 (month) (day) (year)

Cemetery or crematory Ennels town Cemetery

Location Crapal nd (Crapo)

18. Funeral director Lewis H Baynem

Address Cambridge nd

19. July 4 1939 (Date rec'd by registrar) John Mace Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1939, to June 26 1939.

and that I last saw her alive on June 26 1939.

Immediate cause of death Pylori Stenosis due to Carcinoma

DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] (M. D. or other)

Address Cambridge Md. Date signed July 8/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 4 1939
BUREAU V. S.

06969

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(119)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester —

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 Days —

Stay in this community (yrs., or mos., or days) 4 mo 18 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Mary Land County Dorchester

City or town Cambridge Md Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

**3. (a) FULL NAME** Donald C Flaherty

**3. (b) Social Security Number** no.

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Infant.

6 (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-4-1939

**8. AGE:** Years | Months 4 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace Cambridge Md

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Clayton S Flaherty

13. Birthplace Preston Md

MOTHER 14. Maiden name Virgie Shenton —

15. Birthplace Cambridge Md

16. Informant Clayton S Flaherty

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/23/39 (month) (day) (year)

Cemetery or crematory Green Lawn

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 7-23 1939 (Date rec'd by registrar) John Wall Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 5:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1939, to 7/22. 1939.

and that I last saw him alive on July 22. 1939

Immediate cause of death Gastro enteritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 days

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. F. Franks M. D. ~~or other~~

Address Cambr. Dt Md. Date signed 7/22/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06970

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Cambridge R F D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 6 Mo

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge R F D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

**3. (a) FULL NAME:** Alice M. Liggins

**3. (b) Social Security Number:** ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James M. Liggins
6(c) If alive, give age: ✓ years
7. Birth date of deceased (mo., day, yr.): 6-18-186[illegible]
8. AGE: Years: 75 Months: 1 Days: 9 If less than one day: hrs. min.
9. Birthplace: Secretary Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Christopher
12. FATHER — Name: [illegible]
13. FATHER — Birthplace: Bucks Md
14. MOTHER — Maiden name: Mat Brandon
15. MOTHER — Birthplace: ✓
16. Informant: Myrtle Dunivin (Myrtle Dunivin - man) Address: Cambridge Md
17. Burial, cremation, or removal. Which? Burial Date thereof: July 29 1939 (month) (day) (year)
Cemetery or crematory: East New Mkt
Location: East New Market
18. Funeral director: G S L Caswell Jr.
Address: Cambridge Md
19. (Date rec'd by registrar) 7-29 1939 John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1939 at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1939 to July 26 1939, and that I last saw h[illegible] alive on July 26 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION

Due to: Right Lobar Pneumonia

Due to: Tumor of Ovary Other Cause

Other conditions: Paralysis of third left side - Tumor of Ovary

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: No

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Not accident Date of injury: 1939
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): at home
Means of injury: Fall Injured at work? No

23. SIGNATURE: Geo Shultz M. D. or other
Address: Cambridge Md Date signed: 7/28-1939

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AUG 4 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06971

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Park Lane St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 5 mos. 28 ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Sherwood Hughes If U. S. Veteran, specify WAR ___

(a) Residence: No. 39 Park Lane St., 2 Ward. (Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): Jan 23 1939

7. AGE: Years ___ Months 5 Days 28 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ___

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Cambridge (State or country) Dorchester Co. Md

FATHER

13. NAME James Purnell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Odessa Hughes

16. BIRTHPLACE (city or town) Cambridge (State or country) Dorchester Co. Md

17. INFORMANT Odessa Hughes (Address) Cambridge, Md

18. BURIAL, CREMATION, OR REMOVAL Place Waugh Cemetery Date July 22, 1939

19. UNDERTAKER H. M. St. Clair (Address) Cambridge, Md.

20. FILED 7-22, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July 21st, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 17th 1939 to July 21st 1939, I last saw him alive on July 19th 1939; death is said to have occurred on the date stated above at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Acute Bronchitis — Date of onset July 15/39

Other Contributory Causes of Importance: Pleo colitis — July 21/39

Name of operation None Date of None

What test confirmed diagnosis? Wa Wa Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Thos. L. Coll. M. D.

(Address) Cambridge, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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AUG 4 1933
BUREAU U. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06972

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-d)

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge R.F.D. No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Lula Robinson Insley If U. S. Veteran, specify WAR —

(a) Residence: No. Cambridge R.F.D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Edd. Insley

6. DATE OF BIRTH (month, day, and year) 5-9-1870

7. AGE Years 69 Months 2 Days 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Spencer Jay Robinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Caine

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mr Ralph Jackson Cambridge R.F.D. Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date 7/12, 1939

19. UNDERTAKER (Address) G S Le Carompte Cambridge Md

20. FILED 7-12, 1939 John Mace Jr Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1939, to July 7, 1939

I last saw her alive on July 7, 1939; death is said to have occurred on the date stated above, at 9:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Chronic~~ myocardial failure | June 21, 1939 |
| Acute myocardial failure | July 10 |

Other Contributory Causes of importance:

Senility.

Sciatica left sciatic vein May 1939

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wylie M Law M. D.

(Address) Cambridge Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1*

V. S. No. 1

(M) (I) (T)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arterioselerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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AUG 4 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(119)

06973

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH**

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hospital

Stay in hospital or inst. (yrs., or mos., or days): Hospital

Stay in this community (yrs., or mos., or days): 3 hours 1/2 July 14 1939

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Washington St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME**: Shirley Johnson

**3. (b) Social Security Number**

4. Sex: Feal

5. Color or race: Color

6. (a) Single, married, widowed, or divorced: Sigl

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec ~~20~~ 22 1938

**8. AGE:** Years | Months: 6 | Days: 24 ~~15~~ | If less than one day: ___ hrs. ___ min.

9. Birthplace: Cambridge Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Howard Carush
13. Birthplace: Md

MOTHER
14. Maiden name: Lulls Johnson
15. Birthplace: Md

16. Informant: Howard Carush
Address: Cambridge Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7-16-1939 (month) (day) (year)

Cemetery or crematory: Golden Hill

Location: Golden Md

18. Funeral director: Lewis H Bayne

Address: Cambridge Md

19. 7-16 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14th 1939, at 9:45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14th 1939, to July 14th 1939, and that I last saw her alive on July 14th 1939.

Immediate cause of death: Dysentery {no laboratory work was done on the stools.

DURATION: Unknown

Due to: Prosa neglect. Infant was dying when first seen.

Due to: Acute infective diarrhoea. [illegible]

Other conditions: Duration: Absolutely unknown.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Lida O. Meredith
M. D. or other

Address: Cambridge, Md. Date signed: July 15th 1939

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06974

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 days

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 121 Locust St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Susan Johnson

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife: Ray Johnson

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Sept. 17, 1882

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 9 | 16 | ____ hrs. ____ min. |

9. Birthplace: Hoopers Island Dorchester Co. Md
(Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business: Gives none

FATHER
12. Name: William Parker
13. Birthplace: Dorchester Co. Maryland

MOTHER
14. Maiden name: Sarah Meekins
15. Birthplace: Dorchester Co. Maryland

16. Informant: Hospital Records

Address: Eastern Shore State Hospital Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 6 1939 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge, Md.

18. Funeral director: G. L. Le Compte

Address: Cambridge, Md

19. 7-6 1939 (Date rec'd by registrar) John M. Mace Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1939, at 5-15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1939 to July 3 1939, and that I last saw h er alive on July 3 1939.

| Immediate cause of death | OURATION |
|---|---|
| (a) Arteriosclerosis | (a) 2 yrs. |
| Due to | |
| Due to | |
| Other conditions: Myocardial degeneration | 2 yrs. |
| Chronic myocarditis | 2-6 yrs. |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Kenneth B. Jones
M. D. or other

Address: Cambridge, Md. Date signed: July 3-39

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06975

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-C)

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 41 yrs. 4 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Florence Kennard If U. S. Veteran, specify WAR

(a) Residence: No. 63 Douglas St., Ward.

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | colored | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Kennard

6. DATE OF BIRTH (month, day, and year) Feb. 9 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Canning industry

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Cambridge (State or country) Md

FATHER

13. NAME James Dudley

14. BIRTHPLACE (city or town) Dorchester Co Md (State or country)

MOTHER

15. MAIDEN NAME Caroline Douglas Ward

16. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

17. INFORMANT Ernest Jackson (Address) 63 Douglas St

18. BURIAL, CREMATION, OR REMOVAL Place Beckwith neck Md Date 7-4, 1939

19. UNDERTAKER Lewis H. Bayleum (Address) Cambridge Md

20. FILED 7-3, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939, to July 2, 1939

I last saw him alive on July 2, 1939; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | 1938 |
| Auricular Fibrillation | 1-4-39 |
| Fistula-in-Ano | 1938 |

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Carroll M. St Clair M. D.

(Address) Erie & Cedar Sts

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

(M) (I) (T)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06976

**1. PLACE OF DEATH** (93-C)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. 2 mos. 0 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Kathryn Lackland If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. Cecil County Maryland

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): May 2[illegible], 1867

7. AGE: Years 72 | Months 1 | Days 26 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Practical Nurse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Boyd

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Marjory Shoale

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Hospital Records Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Farmington Md. Date 7/27, 1939

19. UNDERTAKER (Address): G S Le Compte Cambridge Md.

20. FILED 7-25, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to July, 1939

I last saw her alive on July 24, 1939; death is said to have occurred on the date stated above, at 4:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis & Myocardial Degeneration | 1929 |
| Arteriosclerosis | 1929 |

Other Contributory Causes of importance:

| | |
|---|---|
| Epilepsy | 1915 |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Kenneth B Jones M. D.

(Address) Cambridge Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06977

**1. PLACE OF DEATH**

County Dorchester (77) Registration Dist. No. 116

Village or City Cambridge 2nd No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

WITHIN CORPORATE LIMITS

**2. FULL NAME** Elsworth Mathews If U. S. Veteran, specify WAR

(a) Residence: No. 12 Acton St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Hall

6. DATE OF BIRTH (month, day, and year) Mar 4, 1855

| 7. AGE | Yeers | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 4 | 7 | |

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed lest worked et this occupetion (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hoopers Island Md.

FATHER

13. NAME Robert Mathews

14. BIRTHPLACE (city or town) (State or country) Hoopers Island Md.

MOTHER

15. MAIDEN NAME Mathews

16. BIRTHPLACE (city or town) (State or country) Hoopers Island Md

17. INFORMANT Wilbur Howard Rumbley (Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date July 11, 1939

19. UNDERTAKER Frank E. Altemus (Address) Cambridge Md

20. FILED 7-11, 1939 John Meace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 11, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to July 11, 1939.

I last saw h. M. alive on July 10, 1939; death is said to have occurred on the date stated above, et 1:00A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | |
| | |
| | |
| | |
| | |

Other Contributory Causes of importance:

Arteriosclerosis
Arteriosclerosis

Neme of operation Dete of

Whet test confirmed diegnosis? None Wes there an autopsy? No

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in any way related to occupetion of deceesed?

If so, specify

(Signed) M. D.

(Address)

V. S. No. 1

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06978

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge Rt #1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Catherine Yeager Menges If U. S. Veteran, specify WAR no -

(a) Residence: No. Boulevard St., Ward. Youngsville N. Y.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lato Peter Menges

6. DATE OF BIRTH (month, day, and year) 2-18-1875

7. AGE Years 64 Months 4 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany -

FATHER

13. NAME Joseph Yeager -

14. BIRTHPLACE (city or town) (State or country) Germany -

MOTHER

15. MAIDEN NAME Nat Brown

16. BIRTHPLACE (city or town) (State or country) Germany -

17. INFORMANT (Address) My Jno B Mapes Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place Youngsville N.Y. Date 7/13, 1939

19. UNDERTAKER (Address) G S Le Compte Cambridge Md

20. FILED 7-10, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939, to July 9, 1939

I last saw her alive on July 9, 1939; death is said to have occurred on the date stated above, at 7:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency with Myocardial Failure | 7-8-1939. |
| Auricular Fibrillation | June, 1939. |

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J. Frederick Simmons M. D.

(Address) Cambridge, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06979

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Jennie Green Nichols If U. S. Veteran, specify WAR

(a) Residence: No. 205 Pine St. St., Ward. Cambridge, Md.

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS OF

82a

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Nichols (Deceased)

6. DATE OF BIRTH (month, day, and year) March 30, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Labell (State or country) Louis Co. Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Labell (State or country) Louis Co. Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Labell (State or country) Louis Co. Missouri

17. INFORMANT Mrs. Sallie Winn (Address) Cambridge Dor Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cemetary Date July 16, 1939

19. UNDERTAKER H. M. St. Clair (Address) Cambridge, Md.

20. FILED 7-13, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 7 (Month) - 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 1939, to July 11, 1939

I last saw her alive on July 11, 1939; death is said to have occurred on the date stated above, at 10.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 6 1939 |
| Other Contributory Causes of Importance: Arterio-Sclerosis (Generalized) | 1938 |

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Gilbert E. Meeks M. D.

(Address) Cambridge Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06980

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester Co

City or town Canbridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Canbridge Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days Hospital

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

**3. (a) FULL NAME** Valrie Jeannette Michals ~~woolford~~ (Nichols)

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| feaml | Colard | Single |

6 (b) Name of husband or wife _____

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April ~~25~~ 24 1939

**8. AGE:** Years | Months 2 | Days 24 | If less than one day _____ hrs. _____ min.

9. Birthplace Canbridge Md
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Bengman (Jamin) Woolford (Ford)
13. Birthplace Md

MOTHER
14. Maiden name Helen Michals (Nichols)
15. Birthplace Md

16. Informant Mary Cephes
Address 418 Hight St Canbridge

17. Canbridge Md Date thereof July 20 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location Cambridge Md

18. Funeral director Lewis H Barner
Address Canbridge Md

19. 7-20 1939 John Meace Jr.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1939 to July 19 1939, and that I last saw her alive on July 19 1939.

Immediate cause of death Gastro enteritis — DURATION 4 days.

Due to _____

Due to _____

Other conditions Hemorrhagic Disease Newborn
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 7/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

06981

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH** (159)

County Dorchester Registration Dist. No. 116

Village or City Cambridge Maryland Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Infant Pearthree If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13, 1939

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | 19 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)

FATHER

13. NAME Earvin A. Pearthree

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Estelle Hoffman

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT E. Pearthree
(Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date July 15, 1939

19. UNDERTAKER Frank E. Albaugh
(Address) Cambridge Md

20. FILED 7-15, 1939 Gold Mace Jr.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 14th (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attandad deceesed from July 13th, 19 39, to July 14th, 19 39

I last saw her alive on July 14th, 19 39; death is said to have occurrad on the data stated ebova, at 9:55 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | July 14, 1939 |
| 6½ months pregnancy | |
| (Calendar) | |

Other Contributory Causes of Importance:

None

Name of operation None Date of

Whet test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external ceuses (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury None

Neture of injury

24. Was disaasa or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wylie M. Laws M. D.

(Address) Cambridge Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06982

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. State Hospital St., Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. 8 mos. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Wilbur Pennington If U. S. Veteran, specify WAR

(a) Residence: No. Denton, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Pennington

6. DATE OF BIRTH (month, day, and year): June 2 1867

7. AGE: Years 72 Months 1 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 1900

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William Pennington

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Francis Jarman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Commitment Papers & Records Eastern Shore State Hospital

18. BURIAL, CREMATION, OR REMOVAL Place: E. S. S. Hospital Grds Date: July 27, 1939

19. UNDERTAKER (Address): Kenneth R. Thomas Cambridge, Md.

20. FILED 7-27, 1939 John Meade Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to July 27, 1939.

I last saw him alive on July 26, 1939; death is said to have occurred on the date stated above, at 4:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sclerosis of the Coronary Artery of the Heart | |
| Hypertension | |
| General Arteriosclerosis | |

Other Contributory Causes of Importance:

Psychosis c Cerebral Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

*If more blanks are needed, address State Registrar, 2455 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06983

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. 211 Cedar Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 1 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Kathyl Jocelyn Pinder If U. S. Veteran, specify WAR

(a) Residence: No. 211 Cedar St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | colored | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) May 12, 1939

| 7. AGE Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. x

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) Cambridge, (State or country) Md.

FATHER

13. NAME Ross Frank

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte Pinder

16. BIRTHPLACE (city or town) Bucktown, (State or country) Dor.Co., Md.

17. INFORMANT Victoria Lake (Address) 211 Cedar St. Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bucktown, Md. Date 7/5/39, 19

19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge, Md.

20. FILED July 4th 39 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 4th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Not at all, to ___, 19___

I last saw h___ alive on Not at all, 19___; death is said to have occurred on the date stated above, at 6:A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastroenteritis C.W.G.R. | |
| Four days before death. | ? |
| Malnutrition | |

Other Contributary Causes of importance:

Premature birth.

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ___

(Signed) John Mace Jr. M. D.

(Address) Cambridge Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06984

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge, Maryland Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foraign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** John THOS. Pritchett If U. S. Veteran, specify WAR No

(a) Residence: No. Bishop's Head Maryland St. Ward. Dorch. Co.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Avrie E Langrall

6. DATE OF BIRTH (month, day, and year) January 27, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sailor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 98 am

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John W. Pritchett

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Bramble

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard Jones (Address) Bishop's Head Md

18. BURIAL, CREMATION, OR REMOVAL Place Bishop's Head Md Date 7/13, 1939

19. UNDERTAKER (Address) G S Le Compte Cambridge Md

20. FILED 7-13, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to July 9, 1939

I last saw him alive on July 9, 1939; death is said to have occurred on the date stated above, at 8.30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of the neck of the femur | June 24 |

Other Contributory Causes of importance:

| | |
|---|---|
| Arterio-sclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. In Home

Manner of Injury Fall down stairs

Nature of Injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. H. Taylor M. D.

(Address) Cambridge, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06985

# STATE OF MARYLAND—CERTIFICATE OF DEATH

(82 ...)

**1. PLACE OF DEATH**

County Dorchester Co. Registration Dist. No. 116

Village or City Cambridge Md. No. Washington St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Alexander Seymour If U. S. Veteran, specify WAR None

(a) Residence: No. Washington St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 56. Months 2 1/2 months Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. No

10. Date deceased last worked at this occupation (month and year) 1939 July 3

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Seymour

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lee Light

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Alice Seymour

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date July 18, 1939

19. UNDERTAKER (Address) S. H. Baynham

20. FILED 7-18, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 14th (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 3rd, 1939, to July 14th, 1939. I last saw it alive on July 13th, 1939; death is said to have occurred on the date stated above at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorrhage | July 3/39 |
| Other Contributory Causes of importance: Paralysis of left Arm and Leg | July 14/39 |

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19..

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Thos L Holt M. D.

(Address) Cambridge, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06986

**1. PLACE OF DEATH** (23)

County Dorchester Registration Dist. No. 115

Village or City Hooperville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Cecie A. Travers If U. S. Veteran, specify WAR none

(a) Residence: No. Hooperville St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19th 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 13 | 8 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Hooperville Dor Co, Md

FATHER

13. NAME Levin Travers

14. BIRTHPLACE (city or town) (State or country) Hooperville Dor Co Md

MOTHER

15. MAIDEN NAME Dora E. Ross

16. BIRTHPLACE (city or town) (State or country) Hooperville Dor Co Md

17. INFORMANT Levin Travers (Address) Hooperville

18. BURIAL, CREMATION, OR REMOVAL Place Hooperville Cemetery Date July 21, 1939

19. UNDERTAKER J. T. McClain (Address) Cambridge Md.

20. FILED July 20, 1939 James D. Meade Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to July 19, 1939

I last saw her alive on July 19, 1939; death is said to have occurred on the data stated above, at 3.30 p. m.

The PRINCIPAL CAUSE OF DEATH and raleted causes of importance ware as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Lungs | |
| precipitated by Pregnancy | June 24/39 |
| Puerperal (Abortion) | |

Othar Contributory Causes of Importance:

Pregnancy 7th month

Name of operation None Date of —

What tast confirmed diagnosis? Clinical Was thara an au'opsy? No

23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) James D. Meade M. D.

(Address) Fishing Creek, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06987

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 53 Robbins Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 53 Robbins Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Lillie Trego

3. (b) Social Security Number

4. Sex: Female
5. Color or race: colored
6.(a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Ellic Trego

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Don't know

8. AGE: Years: About 75 years | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Church Creek,
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Ellic Banks
13. Birthplace: Md.

MOTHER
14. Maiden name: Martha (?)
15. Birthplace: Md.

16. Informant: Tena Woolford
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 3rd '39 (month) (day) (year)
Cemetery or crematory: Old Field
Location: Church Creek, Maryland.

18. Funeral director: Lewis H. Bayneum
Address: Cambridge, Md.

19. 8-2 1939 John Mace jr.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th, 1939 7:P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10th 1939 to July 30th 1939 and that I last saw h[illegible] alive on [illegible] 19[illegible]

Immediate cause of death: Chronic Valvular Heart Disease

Due to: Uremia

Due to: Acsidental Burn of Milk Leg from Lamp

Other conditions: (Importance pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? None Date of None
Where did injury occur? Burns at Home (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home Yes
Means of injury: Lamp upset Injured at work? No.

23. SIGNATURE Flora L Coll. M.D.
M. D. or other
Address Cambridge Md. Date signed 8/2/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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AUG 4 1939
BUREAU V. S.

06988

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(77)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Race St Ext
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 15 yrs —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Race St Ext
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No —

**3. (a) FULL NAME** Mary Ellen Turner —

**3. (b) Social Security Number** No —

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed —
6 (b) Name of husband or wife Late Benj Turner
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 5-31-1872

**8. AGE:** Years 67 Months 1 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Dar Co Md (Town, county, and state)
10. Usual occupation Home Wife.
11. Industry or business Home —
FATHER 12. Name John Elzey.
13. Birthplace Md
MOTHER 14. Maiden name Catherine Insly.
15. Birthplace Md
16. Informant Frank Turner
Address Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23, 39 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md
18. Funeral director G S Le Compte
Address Cambridge Md
19. 7-23 1939 (Date rec'd by registrar) John Mace Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1939, at 10.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1938, to July 22 1939, and that I last saw her alive on July 21 1939.

Immediate cause of death Gangrene R. foot — DURATION 1 mo.
Due to Endarteritis obliterans — 1 year
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M. D. or other
Address Cambridge Md Date signed 7/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 4 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06989

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH** (82-a)

County Dorchester Registration Dist. No. 116

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Wm. J. Walston U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Walston

6. DATE OF BIRTH (month, day and year): Nov 17 1860

7. AGE: Years 79 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Clemens Walston.

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Nancy Walker,

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs M. E. Walston Hurlock

18. BURIAL, CREMATION, OR REMOVAL Place: Hurlock Date: July 31, 1939

19. UNDERTAKER (Address): F. B. Willoughby Hurlock, Md

20. FILED 7/29, 1939 Edward Hastings Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/18, 1939, to 7/29, 1939

I last saw him alive on 7/27/39, 19; death is said to have occurred on the date stated above, at 5:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |
| Other Contributory Causes of Importence: | |
| | |
| | |
| | |

Neme of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Wes disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G Roger Myers M. D.

(Address) G Roger Myers

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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BUREAU V. S.

1939
79
1868

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06990

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Cambridge Maryland Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Stillson Rawlings If U. S. Veteran, specify WAR

(a) Residence: No. Cambridge Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 26, 1939.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| Stillson | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown. (State or country)

MOTHER

15. MAIDEN NAME Evangeline Rawlings

16. BIRTHPLACE (city or town) Vienna (State or country) Maryland

17. INFORMANT Evangeline Rawlings (Address) Vienna Md.

18. BURIAL, CREMATION, OR REMOVAL Place Disposed 7-26 Date 7-26, 1939

19. UNDERTAKER Cambridge Md. Hosp. (Address) Cambridge, Md.

20. FILED 7-26, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— aliva on —, 19—; death is said to have occurred on the data statad above, at 3:15 A.m. July 26, 1939.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity, | |
| (Therapeutic Abortion) | |
| Acute liver damage in mother. | |

Other Contributory Causes of Importance:

Name of operation — Data of —

What test confirmad diagnosis? O. Was there an autopsy?

23. If death was due to external causas (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Data of injury, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceasad? O

If so, specify

(Signed) M. C. Causey M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06991

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge Maryland No. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Baby Boy Wheatley If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ..... Ward. Federalsburg, Md.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Newborn

6. DATE OF BIRTH (month, day, and year): July 13 - 1939

7. AGE: Years | Months | Days | If LESS than 1 day, 5 hrs. or 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Cambridge Hospital Cambridge Md.

FATHER

13. NAME: James V. Wheatley

14. BIRTHPLACE (city or town) (State or country): Rhodesdale Md. Dorchester

MOTHER

15. MAIDEN NAME: Julia Marie Bradley

16. BIRTHPLACE (city or town) (State or country): Linkwood Md.

17. INFORMANT (Address): James V. Wheatley Federalsburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Eldorado, Md. Date: July 14, 1939

19. UNDERTAKER (Address): J. J. Frampton & Son Federalsburg, Maryland

20. FILED: 7-14, 1939 John Meade Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 14, 1939

I last saw him alive on July 13, 1939; death is said to have occurred on the date stated above, at 4:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Long labor with R.O.P. position | July 12, 1939 |
| Forceps application with delivery | July 13, 1939 |
| Cerebral injuries | July 13, 1939 |

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: Difficult forceps delivery

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W M Law M. D.

(Address) Cambridge Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06992

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Annie E. Willey If U. S. Veteran, specify WAR

(a) Residence: No. 111A Choptank St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Willey

6. DATE OF BIRTH (month, day, and year) Dec 14, 1858

7. AGE Years 80 Months 6 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lakeville Md.

FATHER

13. NAME Henry Wrotten

14. BIRTHPLACE (city or town) (State or country) Lakeville Md.

MOTHER

15. MAIDEN NAME Jamima Booze

16. BIRTHPLACE (city or town) (State or country) Lakeville Md

17. INFORMANT (Address) Penny Willey Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date July 8, 1939

19. UNDERTAKER (Address) Frank E. Albaugh Cambridge Md

20. FILED 7-4, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to July 6, 1939

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 7.45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction (Cause unknown) | July 4, 39 |
| Pulmonary embolism | July 2, 39 |

Other Contributory Causes of Importance:

Myocardial decompensation c auricular fibrillation Dec 38

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wylie M Law M. D.

(Address) Cambridge Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Date of onset | Example II | Date of onset |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06993

# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH** (122-b)

County Dor Registration Dist. No. 116

Village or City Cambridge No. Cambridge - Md. Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Leonard Wilson If U. S. Veteran, specify WAR .....

(a) Residence: No. Fork Neck, Dor. Co. Md. St. ..... Ward. .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wilson

6. DATE OF BIRTH (month, day, and year) about Sept. 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 10 | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) July '39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Muddy Branch (State or country) Dor. County Md

FATHER

13. NAME Jehu Wilson

14. BIRTHPLACE (city or town) Muddy Branch (State or country) Dor. County Md

MOTHER

15. MAIDEN NAME Leugenie Molock

16. BIRTHPLACE (city or town) (State or country) Dor. County Md

17. INFORMANT James H. Wilson (Bro.) (Address) Cambridge, Md

18. BURIAL, CREMATION, OR REMOVAL Place Fork Neck, Dor. Co. Md. Date July 9, 1939

19. UNDERTAKER H. M. St. Clair (Address) Cambridge, Md.

20. FILED 7-8, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to July 6, 1939

I last saw him alive on July 5, 1939 death is said to have occurred on the date stated above, at 3:43 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bowel Obstruction of four days' duration. Not due to cancer. Cause by adhesions of small bowel to parietal peritoneum. — Date of onset July 4 1939

Other Contributory Causes of Importance:

Dehydration

Heart failure July 6, 1939

appendectomy cholecystitis

Name of operation gastroenterostomy Date of May 17, 1939

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John Schneider M. D.

(Address) Cambridge, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06994

(131)

**1. PLACE OF DEATH**

County Dorchester — Registration Dist. No. 111

Village or City Secretary — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Hunter D. Wilson — If U. S. Veteran, specify WAR ____

(a) Residence: No. same St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wilson

6. DATE OF BIRTH (month, day, and year) Jan 14 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 83 | 6 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Martin Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hester Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lloyd Wilson (Address) Secretary

18. BURIAL, CREMATION, OR REMOVAL Place East New Market Date July 21, 1939

19. UNDERTAKER H. H. Willoughby (Address) East New Market

20. FILED July 20, 1939 H. E. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939, to July 19, 1939

I last saw him alive on July 16, 1939; death is said to have occurred on the data stated above, at 4 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: (Date of onset)

a Chronic Myocarditis

Other Contributory Causes of importance: a Chronic Nephritis.

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) H. E. Parker M. D.

(Address) East New Market Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06995

(131)

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 119

Village or City Wingate, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Martha A. Wingate If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Wingate

6. DATE OF BIRTH (month, day, and year) July 15, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 0 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hoopers Island Md

FATHER

13. NAME Arthur Parker

14. BIRTHPLACE (city or town) (State or country) Hoopers Island Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hoopers Island Md

17. INFORMANT (Address) Mayor Wingate Wingate Md

18. BURIAL, CREMATION, OR REMOVAL Place Wingate, Md Date July 30 1939

19. UNDERTAKER (Address) Frank E. Applegarth Cambridge, Md

20. FILED July 30, 1939 Wilson D. Pritchett Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** July (Month) 28 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to July 28, 1939

I last saw her alive on July 28, 1939; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 1937 |
| | |
| | |
| | |
| | |
| Other Contributory Causes of Importance: | |
| Nephritis | 1938 |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) R. H. Traynor M. D.

(Address) Cambridge, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE... every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**